

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010707

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

141
FILED APR 9 1962

Primary Registration District No.

3025

Registrar's No.

56

VS 300
Rev. 4/59

10465

20460

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8

9/909

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11

125-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>West Plains</i>		c. CITY OR TOWN <i>Siloam Springs</i>	
Length of stay in 1b <i>mins.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Memorial Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>R. J. D.</i>	
3. NAME OF DECEASED (Type or print) First <i>Chester B.</i> Middle <i>Tooley</i> Last		4. DATE OF DEATH Month <i>March</i> Day <i>26</i> Year <i>1962</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>wht.</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-6-1906</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farmer</i>	
11a. FATHER'S NAME <i>Lee L. B. Tooley</i>		11b. MOTHER'S MAIDEN NAME <i>Carrie Havens</i>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12b. SOCIAL SECURITY NO. <i>[redacted]</i>	
13a. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Metastatic melanoma of lungs</i> DUE TO (b) <i>Malignant melanoma</i> DUE TO (c) <i>[redacted]</i>		13b. INTERVAL BETWEEN ONSET AND DEATH <i>3 mos</i> <i>8 mos</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>8:05</i> a.m. <i>p.m.</i> Month, Day, Year <i>3/26/62</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <i>1961</i> to <i>3/26/62</i> and last saw him alive on <i>3/26/62</i> Death occurred at <i>8:05 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>McL. Fowler MD</i>	
22b. ADDRESS <i>West Plains Mo</i>		22c. DATE SIGNED <i>3/29/62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>3-29-1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Little Zion Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Twin Bridges, Mo.</i>
24. FUNERAL DIRECTOR <i>Robertson's, West Plains, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>4-2-62</i>	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *D. S. Robertson*

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.